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EXAMINER
FRENEL, VANEL

ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

<table>
<tr><td rowspan="2">Office Action Summary</td><td>Application No.
09/910,190</td><td>Applicant(s)
MARCHOSKY, J. ALEXANDER</td></tr>
<tr><td>Examiner
Vanel Frenel</td><td>Art Unit
3626</td></tr>
</table>

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>19 July 2001</u>.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>1-72</u> is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>1-72</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date <u>10292001&1252001</u>.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____ .

DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the application filed on 07/19/01. Claims 1-

72 are pending.

Claim Rejections - 35 USC § 103

2.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

3.   Claims 1-32 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Lavin et al (5,772,585) in view of Bessette (6263,330).

(A)   As per claim 1, Lavin discloses an automated, patient-controlled, medical and

biographical records system (See Lavin, Col.7, lines 12-46) comprising:

        a. a central computer connected to a global computer network (See Lavin, Col.4,

lines 32-59);

        b) a centralized medical and biographical records database maintained at the

central computer, said database including medical and biographical records for a

plurality of individual patients, said central computer executing a security program

limiting access the records to the patients and to health care professionals

selectively authorized by the patients (See Lavin, Col.5, lines 1-56; Col.15, lines 1-58);

        d) one or more health care computers situated remotely from the central

computer and connected to the global network, said health care computers each

executing a software program interface for the authorized health care professionals to access the medical history and biographical information from the patient medical and biographical records database and to input additional patient medical history and biographical information into the patient medical and biographical records database (See Lavin, Col.5, lines 1-56; Col.15, lines 1-58).

Lavin does not explicitly discloses that the medical records system having one or more patient computers situated remotely from the central computer and connected to the global network, said patient computers each executing a software program interface for patients to input medical history and biographical information into the patient medical and biographical records database and to authorize health care professionals to access at least a portion of the records of the authorizing patients.

However, this feature is known in the art, as evidenced by Bessette. In particular, Bessette suggests that the medical records system having one or more patient computers situated remotely from the central computer and connected to the global network, said patient computers each executing a software program interface for patients to input medical history and biographical information into the patient medical and biographical records database and to authorize health care professionals to access at least a portion of the records of the authorizing patients (See Bessette, Col.17, lines 1-27).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Bessette within the system of Lavin with the motivation of providing a suitable reader to extract the information contained therein and

then to process the information accordingly, such as by remotely accessing and

importing the data pointed to by the pointer (s) (See Bessette, Col.4, lines 63-67).

(B)   As per claim 2, Lavin discloses the medical and biographical records system

wherein the security program includes a routine permitting a patient to limit the extent

and type of information in the patient's record that authorized health care professionals

may access (See Lavin, Col.7, lines 47-67).

(C)   As per claim 3, Lavin discloses the medical and biographical records system of

claim wherein the security program is responsive to the patient selectively limiting the

extent and type of information that the authorized health care professional may access

based upon relevancy of the information to the specialty of the health care professional

(See Lavin, Col.8, lines 39-67).

(D)   As per claim 4, Lavin discloses the medical and biographical records system

wherein the security program is responsive to the patient selectively limiting the extent

and type of information based upon a degree of confidentiality assigned by the patient

to the different medical and biographical information stored in the patient's record for

limiting access of the health care professionals to the information (See Lavin, Col.8,

lines 39-67).

(E)   As per claim 5, Lavin discloses the medical and biographical records system

wherein the security program identifies and records all inquiries to access records in the

medical and biographical records database (See Lavin, Col.7, lines 13-46).

(F)   As per claim 6, Lavin discloses the medical and biographical records system

wherein the security program identifies and records the health care professionals or

patients who enter and store new information in the medical and biographical records

database (See Lavin, Col.8, lines 39-67).

(G)   As per claim 7, Lavin discloses an automated, medical and biographical records

system comprising:

    a. a central computer connected to a global computer network (See Lavin, Col.4,

lines 32-59);

    b. a centralized medical and biographical records database maintained at the

central computer, said database including medical and biographical records for a

plurality of individual patients, said central computer executing a security program

limiting access the records to health care providers controlling the patient medical and

biographical records and to health care professionals selectively authorized by the

health care providers (See Lavin, Col.5, lines 1-56; Col.15, lines 1-58);

    one or more health care provider computers situated remotely from the central

computer and connected to the global network, said health care providers computers

each executing a software program interface for health care providers to input medical

history and biographical information into the patient medical and biographical records

database and to authorize health care professionals to access at least a portion of the

records of the authorizing record owners (See Lavin, Col.5, lines 1-56; Col.15, lines 1-

58).

Lavin does not explicitly discloses that the medical records system having one or

more health care professional computers situated remotely from the central computer

and connected to the global network, said health care professional computers each

executing a software program interface for the authorized health care professionals

access the medical history and biographical information from the patient medical and

biographical records database and to input additional patient medical history and

biographical information into the patient medical and biographical records database.

However, this feature is known in the art, as evidenced by Bessette. In particular,

Bessette suggests that the medical records system having one or more health care

professional computers situated remotely from the central computer and connected to

the global network, said health care professional computers each executing a software

program interface for the authorized health care professionals access the medical

history and biographical information from the patient medical and biographical records

database and to input additional patient medical history and biographical information

into the patient medical and biographical records database (See Bessette, Col.17, lines

1-27).

It would have been obvious to one of ordinary skill in the art at the time of the

invention to have included the feature of Bessette within the system of Lavin with the

motivation of providing a suitable reader to extract the information contained therein and then to process the information accordingly, such as by remotely accessing and importing the data pointed to by the pointer (s) (See Bessette, Col.4, lines 63-67).

(H)   As per claim 13, Bessette discloses the method wherein the health care provider owns two or more individual patient medical and biographical records (See Bessette, Col.12, lines 18-67).

The motivation for combining the respective teachings of Lavin and Besette are as discussed above in claims 1 and 7, and incorporated herein.

(I)   As per claim 14, Lavin discloses a method for entering and retrieving patient medical and biographical record information comprising the steps of:

a. maintaining medical, biographical, and security information for a plurality of individual patient records in a medical and biographical records database on a centralized computer (See Lavin, Col.5, lines 1-56; Col.15, lines 1-58);

d. executing a security program limiting access to the medical and biographical records database to the individual patients inputting medical and biographical information into their own records and health care professionals selectively authorized by the patients to input additional medical and biographical information the patients' records (See Lavin, Col.5, lines7-67); and

e. executing a security program limiting access to the medical and biographical records database to the individual patients retrieving medical and biographical

information from their own records and to the health care professionals selectively

authorized by the patients (See Lavin, Col.15, lines 1-58).

Lavin does not explicitly disclose that the method having inputting patient medical

and biographical information in the medical and biographical records database through

a computer remotely situated from the centralized computer;

inputting patient medical and biographical records security information in the

medical and biographical records database through the computer remotely situated

from the centralized computer.

However, this feature is known in the art, as evidenced by Bessette. In particular,

Bessette suggests that the method having inputting patient medical and biographical

information in the medical and biographical records database through a computer

remotely situated from the centralized computer (See Bessette, Col.7, lines 1-51);

inputting patient medical and biographical records security information in the

medical and biographical records database through the computer remotely situated

from the centralized computer (See Bessette, Col.7, lines 1-51).

It would have been obvious to one of ordinary skill in the art at the time of the

invention to have included the feature of Bessette within the system of Lavin with the

motivation of providing a suitable reader to extract the information contained therein and

then to process the information accordingly, such as by remotely accessing and

importing the data pointed to by the pointer (s) (See Bessette, Col.4, lines 63-67).

(J)   As per claim 20, Bessette discloses the method wherein the patient medical and

biographical information is information selected from the group of patient social history

(See Bessette, Col.7, lines 29-41).

The motivation for combining the respective teachings of Lavin and Besette are

as discussed above in claims 1, 7 and 14, and incorporated herein

(K)   As per claim 21, Besette discloses the method further comprising the step of

assigning a degree of confidentiality by the patient to the different medical information

stored in the patient's record, and wherein the step of selectively limiting the extent and

type of information includes further limiting the extent and type of information that

authorized health care professionals may access based upon the assigned degree of

confidentiality (See Bessette, Col.16, lines 30-49).

The motivation for combining the respective teachings of Lavin and Bessette are

as discussed above in claims 1 and 7, and incorporated herein.

(L)   As per claim 22, Lavin discloses the method further comprising the step of

storing potential medical diagnoses, the option of the patient, to the patient's medical

and biographical record stored on the central computer (See Lavin, Col.8, lines 39-67).

(M)   As per claim 23, Lavin discloses the method wherein medical and biographical

information is retrieved and utilized by insurance providers to provide insurance

services (See Lavin, Col.7, lines 25-46).

(N)   As per claim 24, Lavin discloses the method wherein the insurance services are

selected from the group consisting of terms of insurance contracts, explanation of

benefits and services, pre-approval of patient services, pre-approval of treatment,

approval of treatment, verification of eligibility for medical treatment, verification of

treatment, and automated payment of medical treatment (See Lavin, Col.9, lines 29-40).

(O)   As per claim 25, Lavin discloses the method wherein the information is retrieved

and utilized by a computer and wherein the computer determines whether an insurance

claim should be either accepted or rejected (See Lavin, Col.7, lines 25-46).

(P)   As per claim 26, Lavin discloses the method wherein the a third party

intermediary possesses an insurance provider's policy criteria, compares the criteria to

a patient's medical and biographical record, and determines whether an insurance claim

should be either accepted or rejected (See Lavin, Col.7, lines 25-46).

(Q)   As per claim 27, Lavin discloses the method wherein the information is retrieved

and utilized by a third party computer and wherein the third party computer determines

whether an insurance claim should be either accepted or rejected (See Lavin, Col.7,

lines 25-46).

(R)   As per claim 28, Lavin discloses the method further comprising: maintaining

insurance services wherein the services are selected from the group consisting of terms

of insurance contracts, explanation of benefits and services, pre-approval of patient

services, pre-approval treatment, approval treatment, verification eligibility for medical

treatment, verification of treatment, and automated payment of medical treatment;

comparing the patient diagnosis and prescribed services or treatment records with

approved therapeutic treatment for the identified diagnosis; and approving or

disapproving payment for the prescribed services or treatments (See Lavin, Col.9, lines

29-40).

(S)   As per claim 29, Lavin discloses the method further comprising maintaining

health care coverage information for individual patients identifying patient contribution

requirements;

       b. maintaining health care coverage information for individual patients identifying

insurer contribution requirements (See Lavin, Col.7, lines 25-46);

       maintaining financial accounts for health care premiums and payment of health

care treatments (See Lavin, Col.9, lines 19-40);

       d. paying health care provider for approved services or treatments (See Lavin,

Col.9, lines 19-40); and

       billing patient and insurer according to their contribution proportions (See Lavin,

Col.9, lines 19-40).

(T)   As per claim 30, Lavin discloses the method further comprising financially managing accounts in a manner that produce financial benefits to the patient (See Lavin, Col.9, lines 19-40).

(U)   As per claim 31, Lavin discloses the method wherein the financial benefits are selected from the group consisting of accrued interest, purchasing of additional insurance, and dividends (See Lavin, Col.15, lines 12-25).

(V)   As per claim 32, Lavin discloses the method wherein the insurer is the patient's employer or an insurance company (See Lavin, Col.7, lines 25-46).

4.   Claims 33-72 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (5,772,585) in view of Bessette (6263,330) as applied to claims 1-32 above, and further in view of Iliff (6,849,045).

(A)   As per claims 33, 47 and 49, Lavin discloses the method further comprising the following steps :

        b . storing said diagnostic questions on a central computer connected to a global computer network (See Lavin, Col.4, lines 32-59);

        d . providing a software program interface accessible by computers situated remotely from the central computer, said interface interactively displaying to patients a series of the diagnostic questions stored on the central computer (See Lavin, Col.8, lines 9-58);

e . retrieving patient responses to the diagnostic questions and correlating the

patient responses to a list of potential diagnoses as a function of the input responses to

the medical diagnostic questions and the relative weight of the medical diagnostic

questions ; and

f. providing the list of potential medical diagnoses to the patient via the computer

network and remote computer (See Bessette, Col.7, lines 1-51).

Lavin and Bessette do not explicitly disclose that the method having creating a

plurality of diagnostic questions relating to medical signs and symptoms requiring either

a " yes" or a "no" response from a patient;

differentially weighting the diagnostic questions and responses according to their

relative importance in determining a medical diagnosis.

However, this feature is known in the art, as evidenced by Bessette. In particular,

Bessette suggests that the method having creating a plurality of diagnostic questions

relating to medical signs and symptoms requiring either a " yes" or a "no" response from

a patient (See Iliff, Col.62, lines 23-67 to Col.63, line 45);

differentially weighting the diagnostic questions and responses according to their

relative importance in determining a medical diagnosis (See Iliff, Col.65, lines 31-67).

It would have been obvious to one of ordinary skill in the art at the time of the

invention to have included the feature of Iliff within the collective teachings of Lavin and

Bessette with the motivation of providing a group of registered pharmacists answers

questions about medications for the "1-900" pharmaceutical service (See Iliff, Col.3,

lines 5-14).

(B)   As per claim 34, Lavin discloses the method further comprising storing potential

medical diagnoses, at the option of the patient, to the patient's medical and biographical

record stored on the central computer (See Lavin, Col.8, lines 39-67).

(C)   As per claim 35, Iliff discloses the method further comprising providing a health

care professional with the patients list of potential medical diagnoses at the patient's

request (See Iliff, Col.52, lines 1-67).

The motivation for combining the respective teachings of Lavin, Besette and Iliff

are as discussed above in claims 1, 7, 14 and 49, and incorporated herein.

(D)   As per claim 36, Lavin discloses the method wherein the security program

limits access to the medical and biographical records database to health care providers

inputting or retrieving medical and biographical information into their own patient

records and to health care professionals selectively authorized by the health

care provider to input additional medical and biographical information to the patient

records (See Lavin, Col.8, lines 39-67).

(E)   Claims 47 and 49 recite the same limitations as claim 33 are therefore rejected

for the same reasons given above in claim 33, and incorporated herein.

(F)   As per claim 50, Lavin discloses the method further comprising the step of

storing potential medical diagnoses, the option of the patient, to the patient's medical

and biographical record stored on the central computer (See Lavin, Col.8, lines 39-67).

(G)   As per claim 51, Iliff discloses the method further compromising the step of

identifying a relative likelihood for each listed potential diagnosis based upon the

responses and the relative weight of the questions (See Iliff, Col.65, lines 31-67).

(H)   As per claim 52, Iliff discloses the method wherein the responses to the

questions are weighted based on data acquired from one or more of the patient's organ

system medical history, social history, family history, genealogy history, genetic

constitution, laboratory and imaging tests, medications, and surgical therapies (See Iliff,

Col.51, lines 55-65).

(I)   As per claim 53, Bessette discloses the method further comprising the steps of

collecting patient health data via sensors connected to the remotely situated computers

and correlating the patient health data to potential diagnoses as a function of the

collected patient health data, responses to the medical diagnostic questions, and the

relative weight of the medical diagnostic questions, wherein the patient health data is

selected from the group consisting of anatomical, biochemical, physiological,

pathological data and a combination thereof (See Bessette, Col.12, lines 18-67).

(J)   As per claim 54, Iliff discloses the method further comprising the step of

generating images illustrating the physical location of medical condition and limitations

of function resulting from the medical condition wherein the generated images are

selected from the group consisting of three-dimensional images, holographic images,

diagrams, models, pictures and illustrations (See Iliff, Col.8, lines 44-56; Col.24, lines

56-63).

(K)   As per claim 55, Iliff discloses the method further comprising the steps of

identifying the location of a medical condition and correlating the location to a list of

potential diagnoses as a function of the location, the responses to the medical

diagnostic questions, and the relative weight of the medical diagnostic questions (See

Iliff, Col.65, lines 31-67).

(L)   As per claim 56, Iliff discloses the method further comprising the steps of:

         a. collecting patient health data via sensors connected to the remotely situated

computers (See Iliff, Col.9, lines 21-67);

         b. storing the collected patient health data to memory to form a library of patient

data records measured over time (See Iliff, Col.22, lines 47-67);

         c. comparing the collected patient health data to the library of patient health data

records (See Iliff, Col.23, lines 25-67; and

         correlating any variation between the collected patient health data and the library

of patient health data records, the degree of variation between the collected patient

health data and the library of patient health data records, responses to the medical

diagnostic questions, and the relative weight of the medical diagnostic questions to

potential diagnoses (See Iliff, Col.63, lines 23-67; Col.65, lines 25-67).

(M)   As per claim 57, Iliff discloses the method wherein the patient health data

is selected from the group consisting of anatomical, biochemical, physiological and

pathological data (See Iliff, Col.23, lines 53-67).

(N)   As per claim 58, Lavin discloses the method, wherein the patient data is selected

from the group consisting of heart rate, blood pressure, EKGS, EEGS, respiratory rate,

temperature, metabolic profiles, organ system function tests, anatomical data,

biochemical data, physiological data, pathological data, laboratory data, and radiologic

and imaging data (See Lavin, Col.13, lines 1-8).

(O)   As per claim 59, Iliff discloses the method further comprising the steps

        a. collecting patient health data via sensors connected to the remotely situated

computers (See Iliff Col.9, lines 21-67);

        b. comparing the collected patient health data to a library of stored health data

See Iliff, Col.22, lines 47-67); and

        c. correlating the degree to which the collected patient health data is related to

the stored health data, responses to the medical diagnostic questions, and the

relative weight of the medical diagnostic questions to potential diagnoses (See Iliff,

Col.63, lines 23-67; Col.65, lines 25-67);

wherein the health data is data selected from the group consisting of anatomical,

biochemical, physiological, pathological data and a combination thereof (See Iliff,

Col.23, lines 53-67).

(P)   As per claim 60, Lavin discloses the method further comprising the steps of

providing a list of therapeutic recommendations to treat the diagnosed condition (See

Lavin, Col.13, lines 60-67 to Col.14, line 36).

(Q)   As per claim 61, Iliff discloses the method further comprising:

selecting a therapy from the list of therapeutic recommendations (See Iliff,

Col.14, lines 61-67 to Col.15, line 8);

b. storing the selected therapy to a patient's medical and biographical record

(See Iliff, Col.20, lines 56-67 to Col.21, line 36); and

providing a predicted patient outcome in response to the selected therapy (See

Iliff, Col.20, lines 56-67 to Col.21, line 36).

(R)   As per claim 62, Lavin discloses the method further comprising the steps of

receiving actual patient outcome data in response to the selected therapy and storing

the actual patient outcome data to a patient medical and biographical record (See Lavin,

Col.15, lines 13-58).

(S)   As per claim 63, Lavin discloses the method further comprising the step of

providing to the patient referral information of one or more health care professionals or

institutions who have identified themselves as being able to treat individuals having the

same or similar conditions as those identified by the list of potential medical diagnoses

(See Lavin, Col.15, lines 13-58).

(T)   As per claim 64, Lavin discloses the method further comprising the step of

providing the patient with information rating the referred health care professionals

institutions in treating the same or similar conditions as those identified by the list of

potential medical diagnoses (See Lavin Col.15, lines 13-58).

(U)   As per claim 65, Lavin discloses the method further comprising providing the

patient with referral information for one or more insurance providers (See Lavin, Col.15,

lines 13-25).

(V)   As per claim 66, Lavin discloses the method, further comprising providing the

patient with insurance provider registration information (See Lavin, Col.15, lines 13-25).

(W)   As per claim 67, Lavin discloses the method further comprising the step of

providing the patient with information rating the coverage provided by the referred

insurance providers in covering health care expenses (See Lavin, Col.9, lines 19-57).

(X)   Claim 68 differs from claims 1, 7, 14 and 49 by reciting a health care finance and

insurance method.

As per this limitation, Lavin discloses comprising:

maintaining medical, biographical, diagnostic, and treatment records for a

plurality of individual patients in a medical and biographical records database on a

centralized computer (See Lavin, Col.4, lines 32-59);

b. maintaining insurance services wherein the services are selected from the

group consisting of terms of insurance contracts, explanation of benefits and

services, pre-approval of patient services, pre-approval of treatment, approval of

treatment, verification of eligibility for medical treatment, verification of

treatment, and automated payment of medical treatment (See Lavin, Col.9, lines 29-40);

comparing the patient diagnosis and prescribed services or treatment records

with approved therapeutic treatment for the identified diagnosis (See Bessette, Col.12,

lines 51-67 to Col.13, line 38) and Iliff discloses approving or disapproving payment for

the prescribed services or treatment (See Iliff, Col.1, lines 48-53; Col.26, lines 50-65).

Thus, it is readily apparent these prior art systems utilize a health care finance

and insurance method to perform their specified function.

The remainder of claim 68 is rejected for the same reasons given above for the

claims 1, 7, 14 and 49, and incorporated herein.

(Y)   As per claim 69, Iliff discloses the health care finance and insurance method.

further comprising:

maintaining health care coverage information for individual patients identifying

patient contribution requirements (See Iliff, Col.22, lines 46-67);

b. maintaining health care coverage information for individual patients identifying

insurer contribution requirements (See Iliff, Col.26, lines 50-65);

maintaining financial accounts for health care premiums and payment of health

care treatments(See Iliff, Col.26, lines 50-65);

d. paying health care provider for approved treatments(See Iliff, Col.26, lines 50-

65); and

billing patient and insurer according to their contribution proportions (See Iliff,

Col.26, lines 10-65).

(Z)   As per claim 70, Lavin discloses the health care finance and insurance method

further comprising financially managing accounts in a manner that produce financial

benefits to the patient (See Lavin, Col.9, lines 19-40).

(AA)   As per claim 71, Lavin discloses the method wherein the financial benefits are

selected from the group consisting of accrued interest, purchasing of additional

insurance, and dividends (See Lavin Col.15, lines 12-25).

(BB)   As per claim 72, Lavin discloses the method wherein the insurer is the patient's

employer or an insurance company (See Lavin, Col.7, lines 25-46).

(CC)   Claims 37-46 recite the underlying process of the elements of claims 2-6, 8-12,

15-19, 22-34 and 47-50, and respectively. As the various elements of claims 2-6, 8-12,

15-19, 22-34 and 47-50 have been shown to be either disclosed by or obvious in view of

the collective teachings of Lain, Bessette and Iliff, it is readily apparent that the method

recited in claims 37-46 are rejected for the same reasons given above for systems

claims 2-6, 8-12, 15-19, 22-34 and 47-50, and incorporated herein.

Conclusion

5.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure. The cited but not the applied art teaches medical records data

security system (6,874,085), electronic medical records system (2002/0046346) and

apparatus and method for processing and/or for providing healthcare information and/or
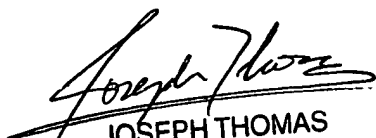
healthcare related information (6,283,761).

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Vanel Frenel whose telephone number is 571-272-6769.

The examiner can normally be reached on 6:30am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number

for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the

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Business Center (EBC) at 866-217-9197 (toll-free).

V.F
V.F

December 6, 2005

JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER